Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>5/27/10</u>	Address:	Tree stump in front of
Case #:	<u>24-31554</u>		9636 Pixie Pkwy.
County:	KOSCIUSKO		Cromwell, IN 46732
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (compared Residence Outbuilding Vehicle	Hotel/Motel Open – No Structure Other:
(check all the Lithium Lithium Red Photo Flamma Water F Anhydr Mydroci Corrosi Corros	nd: Location (bedroom, kitchen, open ain nat apply) n/Ammonia Reaction(s): osphorous/Iodine Reaction(s): able Solvents: Reactive Metal (Lithium): open air ous Ammonia: hloric Acid Gas Generator(s): open air ve Acid: ve Base: tem and location):		
Child under age 18 discovered (check one) ☐ Yes (number present) ☐ No *If yes, fax report to Child Protective Services This report is to be faxed to the following agency		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:Civilian notification. cies that serve the location:	
Health Dep Child Prote	ment: Syracuse VFD artment: Kosciusko Co. HD ction Service: Kosciusko DCS information regarding this methamphe	Fax: <u>574-457-5505</u> Fax: <u>(574)</u> 269-2023 Fax: <u>574-267-8507</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>BRANDON MCBRIER</u> Phone <u>574-546-4900</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.